



APPLICATION FOR EXEMPT EMPLOYMENT

Submit to

DEPARTMENT OF THE ATTORNEY GENERAL
Personnel Office

425 Queen Street, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you are eligible for the job for which you are applying and to assist the appointing authorities in the selection process.

- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.

The information you provide will be used to determine whether you meet public employment requirements. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where there is a bona fide occupational qualification. The federal and state laws apply to all forms of employment decisions and actions, including pre-employment inquiries.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

NOTICE OF "AT WILL" EMPLOYMENT

The position that you are applying for is exempt from the civil service. Therefore, if you are appointed to the position, your employment will be considered to be "at will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

1. CITIZENSHIP STATUS. Please place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S. without restriction? ☐ Yes ☐ No

Type of Visa _____

2. _____

JOB TITLE(S) APPLYING FOR

3. NAME:

Last First Middle

MAILING
4. ADDRESS:

P.O. Box or Number and Street

City State Zip Code

PHONE
5. NUMBER:

SOCIAL SECURITY Home Other

6. NUMBER:

7. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

8. EDUCATION: Please type or print legibly in ink.

The information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying.

A. Name and location of last grade school attended: (elementary, intermediate or high school)		Highest Grade Level Completed:		Date of Graduation	
B. In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or Professional Schools					
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Sem'tr	Quarter		

OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority.

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH. List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.				C. SPECIAL QUALIFICATIONS. Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.			
LANGUAGE	SPEAK	READ	WRITE				

9. EMPLOYMENT REFERENCES:

The information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying. You need not provide three references. If you have additional references, you may list them on a separate sheet titled: Employment References.

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary): _____

Mailing Address: _____

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary): _____

Mailing Address: _____

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary): _____

Mailing Address: _____

10. EXPERIENCE: Please type or print legibly in ink.

Please begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled Experience and attach it to this form. Your answers may be verified with former employers. **Please complete this section even if you are attaching a resume or other documents.**

Your Present or Last Position	Employer _____	From: _____ Month Year
	Address _____	To: _____ Month Year
	Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Your Title _____	Average hours worked per week _____
	Duties and Responsibilities _____	Starting Salary \$ _____ Per _____
	_____	Ending Salary \$ _____ Per _____
	_____	Reason(s) for leaving _____
	_____	_____
	_____	_____
	_____	_____

Employer _____
Address _____
Name and Title of Your Supervisor _____
Your Title _____
Duties and Responsibilities _____

From: _____ Month Year
To: _____ Month Year
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Average hours worked per week _____
Starting Salary \$ _____ Per _____
Ending Salary \$ _____ Per _____
Reason(s) for leaving _____

Employment History Continues to Next Page

Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____

Month Year

To: _____

Month Year

☐ Full Time ☐ Part Time ☐ Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____

Month Year

To: _____

Month Year

☐ Full Time ☐ Part Time ☐ Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____

Month Year

To: _____

Month Year

☐ Full Time ☐ Part Time ☐ Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

You may use copies of this page to complete your employment history if necessary.